

CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF MISSISSIPPI

CASE NO: 17-13064

Median Income: ☐ Above ☒ Below

Debtor Charles Henley SS#XXX-XX-1228 Current Monthly Income \$ 2,422.76

Jt. Debtor _____ SS#XXX-XX-_____ Current Monthly Income \$ _____

Address 299 Dear Road, Cedarbluff, MS 39741 No. of Dependents 1

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured and priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

- (A) Debtor shall pay \$ 170.23 per (☐ monthly, ☐ semi-monthly, ☒ week, or ☐ bi-weekly) to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

The Greer Group, Inc.

3109 Charles B Root Wynd

Raleigh, NC 27612

- (B) Joint Debtor shall pay \$ _____ per (☐ monthly, ☐ semi-monthly, ☐ weekly, or ☐ bi-weekly) to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full or as ordered by the Court as follows:
Internal Revenue Service: \$ _____ @ \$ _____ /mo

MS Dept. of Revenue: \$ _____ @ \$ _____ /mo Other/ _____ : \$ _____ @ \$ _____ /mo

DOMESTIC SUPPORT OBLIGATIONS. DUE TO:

POST PETITION OBLIGATION: In the amount of \$ _____ per month beginning _____.
To be paid ☐ direct, ☐ through payroll deduction, or ☐ through the plan.

PRE-PETITION ARREARAGE: In the amount of \$ _____ through _____ which shall be paid in the amount of \$ _____ per month beginning _____.
To be paid ☐ direct, ☐ through payroll deduction, or ☐ through the plan.

HOME MORTGAGES. All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party of interest, the plan will be amended consistent with the proof of claim filed herein, subject to the state date for the continuing monthly mortgage payment proposed herein **(Taxes & Insurance Included)**

MTG PMTS TO: Seterus BEGINNING Oct. 2017 @ \$ 485.00 ☒ PLAN ☐ DIRECT

MTG PMTS TO: _____ BEGINNING _____ @ \$ _____ ☐ PLAN ☐ DIRECT

MTG PMTS TO: _____ BEGINNING _____ @ \$ _____ ☐ PLAN ☐ DIRECT

MTG ARREARS TO: Seterus THROUGH Sept. 2017 \$ 4,185.00 @ \$ 69.75 /MO

MTG ARREARS TO: _____ THROUGH _____ \$ _____ @ \$ _____ /MO

MTG ARREARS TO: _____ THROUGH _____ \$ _____ @ \$ _____ /MO

Debtor's Initials /s/CH

Joint Debtor's Initials _____

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MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:

Creditor: _____ Approx. amt. due: _____ Int. Rate: _____

Property Address: _____ Are related taxes and/or insurance escrowed ☐ Yes ☐ No

Creditor: _____ Approx. amt. due: _____ Int. Rate: _____

Property Address: _____ Are related taxes and/or insurance escrowed ☐ Yes ☐ No

NON-MORTGAGE SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) pursuant 11 U.S.C. § 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

CREDITOR'S NAME	COLLATERAL	910* CLM	APPROX. AMT. OWED	VALUE	INT. RATE	TOTAL AMT. TO BE PAID	MONTHLY PAYMENT
Deweese	2000 Mazda B3000	<input checked="" type="checkbox"/>	400.00	2,955.00	5 %	452.91	7.55
_____	_____	<input type="checkbox"/>	_____	_____	_____ %	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____ %	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____ %	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____ %	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____ %	_____	_____

*The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

SPECIAL CLAIMANTS including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

CREDITOR'S NAME	COLLATERAL OR TYPE OF DEBT	APPROX. AMT. OWED	PROPOSAL TO BE PAID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT LOANS which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

CREDITOR'S NAME	APPROX. AMT. OWED	CONTRACTUAL MO. PMT.	PROPOSED TREATMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL PROVISIONS which may apply to any or all payments to be paid through the plan, including, but not limited to, adequate protection payments:

The Individual plan payments to creditors shall constitute adequate protection payments to Creditors pursuant to this Court's standing order.

GENERAL UNSECURED CLAIMS total approximately \$ 4,525.37. Such claims must be *timely filed* and not disallowed to receive payment as follows: _____ IN FULL (100%), 0 % (percent) MINIMUM, or a total distribution of \$ 0.00, with the Trustee to determine the percentage distribution. ***Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.***

****Debtors will pay 0 to all unsecured creditors whose claims are unenforceable because they are barred by statute of limitations.**

Total Attorney Fees Charged \$ 3,400.00

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Attorney Fees Previously Paid \$ 0.00

Attorney fees to be paid through the plan \$ 3,400.00

Name/Address/Phone # of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone #/Email)

**William C. Cunningham, 7964
P.O. BOX 624
COLUMBUS, MS 39703
Telephone 662-329-2455**

Telephone/Fax _____

DATE: August 31, 2017

DEBTOR'S SIGNATURE

/s/ Charles Henley

JOINT DEBTOR'S SIGNATURE _____

ATTORNEY SIGNATURE

/s/ William C. Cunningham